

# Application for Social Housing

## WARNING

The application will only be accepted if it is completed in full, the following documents are submitted and is signed by each applicant.

## Documents required

1. Photocopy of valid ID Card from both sides of each applicant, children living with the applicant and of any person residing in the same residence. A copy of the passport can be provided if the Identity Card is not available;
2. In case of separated/annulled/divorced applicants, a copy of the final judgement of the competent court that pronounces the separation or a copy of the contract of separation of the Marriage or Civil Union ;
3. FS3 of applicant(s) for calendar year preceding the date of application. In case of applicants who have not worked during the previous year or part of it, a document from the Department of Social Security is needed showing whether they have received Social Assistance and the income from the aid granted. This document can be requested from the Housing Authority. In case of self-employed applicants, these are to produce a Profit & Loss Account/ Income Statement signed by themselves and a Balance Sheet/Statement of Financial Position if applicable. In case of pensioners, document(s) showing all their income;
4. Doctor's certificate(s) on lack of mobility and/or an Identity Card issued by the Commission for the Rights of Persons with Disability;
5. Architect's certificate on dangerous structures;
6. In case of applicants living in a rented premises, a copy of the lease agreement and receipt of the last rent or a copy of the schedule of deposit if the rent is being paid in court. In such case a letter to explain why the rent is being deposited in court is to be submitted too. The lease agreement is not required if the property was leased before June 1995;
7. In case of applicants living in a third party property without paying rent, copy of the deed(s) indicating the ownership of the property as well as a declaration from the owners that they are tolerating the occupancy by the applicant(s) without compensation.
8. Social Worker, Police reports or other documents proving the merits of the application

## SECTION 1 – PERSONAL INFORMATION ABOUT APPLICANT/S

### a) Applicant 1

Name and Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_ ID card number: \_\_\_\_\_

Telephone / Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### b) Applicant 2

Name and Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_ ID card number: \_\_\_\_\_

Telephone / Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### c) Address of Applicant 1 & 2

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Other information - Write down **ALL** the relevant dates

#### d) Relationship status:

Date of marriage / civil union: \_\_\_\_\_

Date of separation: \_\_\_\_\_

Date of divorce / annulment: \_\_\_\_\_

Date of death of spouse: \_\_\_\_\_

Name of spouse: In case of widow/ers \_\_\_\_\_

## SECTION 2 – CITY / VILLAGE PREFERENCE

A PLACE MAY BE OFFERED IN A DIFFERENT LOCATION

First preference: \_\_\_\_\_

Second preference: \_\_\_\_\_

Third preference: \_\_\_\_\_

## SECTION 3 - DETAILS OF INDIVIDUALS LIVING IN THE ADDRESS GIVEN IN SECTION 1, INCLUDING THE APPLICANT(S)

Mark with an "X" all persons intending to move in the requested alternative accommodation.

Surname	Name	Sex	Gender	ID card number	Relationship to applicant	Date of birth	Employment	Mark 'X' Read note above

Mobility impairment - Medical certificate required Yes / No

Name of person with reduced mobility \_\_\_\_\_

Card Number from Commission for the Rights of Persons with Disability \_\_\_\_\_

## SECTION 4 - DETAILS OF PROPERTY WHERE YOU CURRENTLY LIVE

The place consists of:

Mark with an "X" in the applicable box.

House     Maisonnette     Apartment     Single room     Garage   
 Shared Space     Basement     Other type \_\_\_\_\_

The property is accessible with a lift Yes/No

Number of stairs to access the property (or lift) \_\_\_\_\_

Dangerous structure - Architect's certificate required Yes/No

## SECTION 5 - PROPERTY OWNERSHIP DETAILS

**Applications from squatters will not be accepted.**

Mark with an "X" in the applicable box.

- Property rented from the Government/Housing Authority
- Property leased from third parties - Applicant(s) are recognized tenant(s)
- Third party property subject to a temporary lease in favour of the applicant(s)
- Third Party Property - The applicant(s) reside in the residence with the written consent of the owner
- Property of the Applicant(s)
- Other type. An explanation must be provided with documentation.

How long have you been living in the residence \_\_\_\_\_

Date on which the lease/temporary lease\* was signed \_\_\_\_\_

\*Pre-June 1995 should be listed in case of leases governed by Chapter 69, 125 or 158 of the Law (old leases)

Rent paid per year \_\_\_\_\_

## SECTION 6 - ELIGIBILITY

An application for Social Housing can only be submitted if these criteria are met.

1. One of the applicants is a citizen of the EU (including Malta) or has refugee status and has lived in Malta for at least 12 consecutive months during the last 18 months.
2. The application must be made by both parties together in the case of married couples/ two persons who have entered into a Civil Union and who are not legally separated. For legal reasons, individual applications from de facto separated persons cannot be accepted.
3. The applicant(s) did not have more than €28,000 in capital assets during the last three years prior to the date of application.
4. Applicant's income during the previous year did not exceed:
  - o €10,000 \* in the case of a single person.
  - o €12,000\* in the case of a single parent or married couple or siblings living together.

This amount increases by €700 for each child under the age of eighteen.

\* Income from Sickness Assistance (SKA), Energy Benefit (EB) and Children's Allowance (CA), is excluded from this amount.

## SECTION 7 - REASON FOR REQUESTING ALTERNATIVE ACCOMMODATION AND DECLARATION

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I/We the undersigned declare that the information provided in this application is complete and correct. I/We understand that if the information turns out to be incorrect or incomplete the application will be disqualified.

I/We also declare that I am/we are eligible for alternative accommodation according to the criteria indicated in section 6 and that I/we have read and understood section 8 on the processing and privacy of the information provided in this application. I/We also declare that I /we am/are aware of the fines contemplated in the Housing Authority Act for requests for assistance based on misleading information.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Full name

\_\_\_\_\_  
Full name

\_\_\_\_\_  
Date

## **SECTION 8 - DATA PROTECTION AND PRIVACY POLICY**

The General Data Protection Regulation (EU) 2016/679 and the Data Protection Act (Cap. 586) regulate the processing of personal data both electronically and manually. The Authority complies with the Data Protection Principles as set out in data protection legislation.

### **Purpose for Data collection**

The Authority will retain the information provided in the application in accordance with the law(s) under which the Authority collects the information. The Authority uses the information it collects from customers to process applications for alternative accommodation and to improve the services it offers to its clients. The Authority is under no obligation to provide information to third parties without the consent of the applicant, unless the recipients are departments mentioned below.

### **Data Receivers**

The information collected by the Authority may be provided to other Government Departments, including: the Department of Inland Revenue, the Public Registry Office, the Department of Social Security, the Licensing Department and Trading Licensing Office, as well as financial institutions and parastatal bodies such as JobsPlus.

### **Your Rights**

You will be entitled to know, free of charge, what kind of information the Authority has about you and why, who has access to it, how it is kept and how it is updated, how long it is kept and what the entity is doing to comply with data protection legislation. The GDPR establishes a formal procedure for dealing with a person's requests.

Every individual has the right to access any personal information held about him/her by the Authority, either on computer or in manual files. Requests from persons for access to personal information about them must be made in writing and sent to the Authority's CEO (customer.care.ha@ha.gov.mt). Identification details such as the identity card number, name and surname must be submitted with the request for access. In case there are difficulties with the identity, individuals may be asked to present an identification document.

The Authority's purpose is to take action as soon as possible for access requests to personal information and to ensure that these are provided within a reasonable time and in no case later than a month after receipt of the request, unless there is a valid reason. When the request for access cannot be made within a reasonable time, a written reason shall be given to the applicant.

If there is a data breach, the person will be informed. Everyone has the right to request that information be amended, deleted or not used if the information turns out to be incorrect.

If you are not satisfied with the outcome of the request for access, you can refer your complaint to the Information and Data Protection Commissioner (idpc.info@gov.mt).

In the event that the applicant refuses to submit the personal information that is necessary in order for the Authority to accept an application for alternative accommodation, the Authority reserves the right to refuse the applicant's application.

### **DATA RETENTION POLICY**

Your personal information will be kept with the Authority for as long as you are using the service for which you have applied. In legal cases, the Authority has the right to withhold information until the legal judgment is delivered.

Data that needs to be destroyed after the said period should be discarded efficiently to ensure that the information is no longer available to the Authority.



Today: \_\_\_\_\_

I, the undersigned \_\_\_\_\_, son/daughter of \_\_\_\_\_  
and \_\_\_\_\_ nee' \_\_\_\_\_ born \_\_\_\_\_ and residing

\_\_\_\_\_  
holder of ID Card No. \_\_\_\_\_ and \_\_\_\_\_ son/daughter  
of \_\_\_\_\_ and \_\_\_\_\_ nee' \_\_\_\_\_,  
born \_\_\_\_\_ and residing \_\_\_\_\_,  
holder of ID Card No. \_\_\_\_\_,

am/are authorising the:

- **Housing Authority to access my/our employment history from Jobsplus for the purpose of this application;**
- **Department for Social Security to give information about me to the Housing Authority (via written request) covering any period of time as the same Authority deems fit\*;**
- **Malta Financial & Services Authority to give all information to the Housing Authority (via written request) regarding my companies and societies covering any period of time as the same Authority deems fit\*;**
- **All local and foreign banks to give all information to the Housing Authority (via written request) regarding my assets and accounts covering any period of time as the same Authority deems fit\*;**
- **All local Government entities including banks to give all information to the Housing Authority (via written request) regarding my companies and societies covering any period of time as the same Authority deems fit\*;**
- **Housing Authority to carry out searches on my behalf. Therefore, I bind myself to pay the necessary initial charge and any other further charges if the case may be;**
  - **€15.85 - Person who always retained the same name / surname**
  - **€31.70 - Person whose name / surname were changed at some point.**

For this purpose, I the undersigned am giving my power of attorney to the Housing Authority to gather necessary information mentioned above on my behalf.

The personal information provided on this application is protected and used by the Housing Authority for what is necessary and legitimate to process your application under this scheme. This personal information will be processed in accordance with the Data Protection Act (CAP 586), Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data (General Data Protection Regulation) and the laws applicable in Malta which enter into force from time to time. Applicants have the right to access or verify the information held about them by requesting this in writing at 22, Triq Pietro Floriani, Floriana FRN 1060.

*\*The Housing Authority, from time to time, reserves the right to ask the entity for updates of information.*

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

## APPLICATION FOR COPY OF RETURN

Commissioner of Inland Revenue

Name of deceased: \_\_\_\_\_

Date of transmission: \_\_\_\_\_ Return number: \_\_\_\_\_

**In term of Section 4(6) of the Death and Donation Act, 1973 and as declarant / Heir of the above name deceased in virtue of:**

\_\_\_\_\_  
\_\_\_\_\_

*(State whether heir by law or by will/s. In the letter case all relevant details including number of article of will etc. should be given.)*

**I request a copy of the above return.**

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

Name in block letters: \_\_\_\_\_

Identity card number: \_\_\_\_\_

Address: \_\_\_\_\_

### AUTHORISATION

**I, the undersigned authorise the Commissioner of Inland Revenue to furnish the Chairman of the Housing Authority with a copy of the return.**

**SIGNATURE OF APPLICANT:** \_\_\_\_\_